

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90141 032 ***150.00

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1. Entity Name
P.G. SONIC VOICE CORPORATION

Principal Place of Business
**169 E. FLAGLER ST., STE. #1534
PMB#8086
MIAMI FL 33131**

Mailing Address
**169 E. FLAGLER ST., STE. #1534
PMB#8086
MIAMI FL 33131**



2. Principal Place of Business
961 Dove Plum Court

3. Mailing Address
Suite, Apt. #, etc.
Same

CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL

City & State

4. FEI Number
06-1673704

Applied For
 Not Applicable

Zip
33019

Country
Hollywood

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAZZOTTI, PABLO
169 E. FLAGLER ST., STE. #1534
PMB#8086
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
961 Dove Plum Court
City **Hollywood** FL Zip Code **33019**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS ~~\$150.00~~
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	GAZZOTTI, PABLO	169 E. FLAGLER ST., STE. #1534	MIAMI FL 33131	<input type="checkbox"/>
D	GAZZOTTI, PABLO	169 E. FLAGLER ST., STE. #1534	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		961 Dove Plum Court	Hollywood FL 33019	<input type="checkbox"/>	<input type="checkbox"/>
		961 Dove Plum Court	Hollywood, FL 33019	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or in a similar like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

01-22-2003

954-922-1748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)